



ImmForm account change/revalidation form

UK Health Security Agency (UKHSA) provides vaccines to the NHS and other providers for use in the routine national immunisation programme and these are ordered through ImmForm. Antivenom for the European Adder and Mpox can also be ordered through your ImmForm account, while immunoglobulins for urgent treatment are ordered through RIGS@phe.gov.uk.

To add a new contact to an existing account or to amend an existing account address please complete this form and return it to the ImmForm helpdesk at helpdesk@immform.org.uk.

This form should not be used to create a new delivery location for product deliveries. Please use the Application for a new ImmForm account for these requests.

Reminder: Centrally Supplied Vaccines

Generally, centrally purchased vaccines cannot be used for private, outbreaks, travel, or occupational health use. See [Chapter 3](#) of the Green Book (Immunisation against infectious disease) for full details.

Vaccines can be ordered through ImmForm for outbreak purposes only where this is part of a national campaign (e.g. MMR vaccine), or if Bexsero (Meningitis B vaccine) is required. Bexsero can also be ordered for high-risk groups such as those patients with asplenia, splenic dysfunction and complement disorders.

Only BCG vaccine and Tuberculin Purified Protein Derivative (PPD) 2TU for intradermal (Mantoux) test are available for travel or occupational health use and available to order privately on ImmForm, which requires a private customer account number. Private customers will be invoiced for these products via NHS supply chain. Other vaccines for private GP practices, occupational health (including occupational health vaccinations in the NHS) or travel vaccination should be purchased directly from the manufacturer, or from a vaccine wholesaler, and are not available through ImmForm. The exception is Anthrax vaccine for occupational health use which is supplied free of charge through ImmForm.

Please return this form in PDF format as we do not accept photocopied forms.

Applications can take up to five working days to process and we may contact you for more detail if the information is incomplete.

1. Purpose of this change request: (Mandatory)

1.1 Purpose for change. Please select all that are applicable:

- Register/update orderers on an existing account
- Update a delivery point details (e.g. name, address, contact details)
- Update billing details (private accounts only)
- Update an organisation code (e.g. merged with another site)
- Update the registered healthcare professional details or contacts.
- Other

1.2 Please select all that apply:

- Vaccinating under routine immunisation programme
- Vaccinating patients as part of the HPV GBMSM programme
- Vaccinating patients in Occupational Health setting or privately
- Vaccinating as part of the national COVID-19 vaccine programme
- Vaccinating as part of the Mpox vaccine programme
- Immunoglobulin Holding Centre receiving deliveries ordered by the RIGs team.
- Wholesaler
- Other

2. Details of person filling in this form: (Mandatory)

1. First Name:
2. Surname:
3. Job title:
4. Telephone:
5. Email address:

3. Your current ImmForm account details: (Mandatory)

1. ImmForm account number (10-digit number on ordering page):
2. Your current organisational code:
3. Your current organisation or group name
4. GP practice / delivery site name (if different from Q3.3)
5. Address Line 1
Address Line 2
Address Line 3
Town/City
Postcode:
6. Site telephone No:
7. Please select the option that best describes your organisation:
'Other':

If Applicable:

Welsh and Scottish accounts: Health Board name:

England GP Practices: Do you want to view uptake data on ImmForm? YES NO

Private entities commissioned by the NHS: Please provide address and contact details of your commissioner:

6. Accountability and professional registration (Mandatory)

Customers acting as a wholesaler, please complete all sections below, if not a wholesaler only complete question 1-3.

1- Please enter the name of registered NHS healthcare professional on site who will take accountability of the medicines upon delivery, whom the details in Q6.2 & Q6.3 relate to:

2 - Professional regulatory body (select the one that applies and include the Registration number in Q6.3)

GMC - General Medical Council

NMC - Nursing and Midwifery Council

GPhC - General Pharmaceutical Council

Other

3- Professional regulatory body registration number that applies to Q6.2:

4- Wholesale Dealer Licence number (please submit this form along with the current copy of your WDA (H) and GDP:

5- Indicate which Operations are authorised under your WDA(H) (select all that apply)

Procurement

Import from countries on a list

Holding, Supply

Export

6- Please provide details of your Responsible Person (RP):

Full Name

Email

Telephone

7- We are a Wholesalers supplying under our third-party site (indicate name, address, and WDA):

7. Storage capabilities and other Assurances at your premises (Mandatory)

1. Indicate accordingly the storage capabilities at your premises.

Cold chain 2-8°C

Ambient Temperature Controlled 15-25°C

Frozen (specify temperature):

2. Safe disposal arrangements for unused or expired vaccines: Vaccines intended for destruction can be identified and held separately and destruction of such products will be in accordance with national requirements for handling and disposal of expired medicines: YES NO

3. Additional Assurances. There is a process that ensures records can be accessed readily in a case of a product recall notification: YES NO

4. There is a process for pharmacovigilance to monitor and report product quality defects, safety and adverse events to healthcare professionals, the supplier and manufacturer: YES NO

8. Change to invoice details: (If applicable)

We are the one of the following registered organisations which can legally receive medicines:

Private Pharmacy

Wholesaler

Private hospital

Private GP practice

Other

New billing address:

New billing email contact:

New billing telephone No:

Change of Health Board, please specify: YES NO

9. Declaration: (Mandatory)

Customers who order through ImmForm should ensure they meet all necessary legal requirements and that they are authorised or entitled to supply medicinal products to the public or there are in a possession of a wholesale distribution authorisation.

Full name

I the Health Care Professional or RP, _____ agree the information above is true and correct. I also confirm that the site meets all legal requirements for the possession of medicines and has appropriate cold chain facilities to receive and store vaccines or other medicines.

Job title

Date

Signature (click 'Draw' above left hand side to sign then deselect 'Draw' to continue editing.)

Please return this form in PDF format as we do not accept photocopied forms.

Submit form to helpdesk@immform.org.uk

Important Note

If centrally supplied vaccine is used for a purpose not authorised by UK Health Security Agency (UKHSA), then it should be replaced by privately purchasing the equivalent amount of vaccine, and this replacement vaccine made available for approved uses, such as the routine immunisation programme. Failure to do this may constitute fraud or theft. Vaccine misuse should be referred to the NHS Counter Fraud Authority or equivalent in devolved administrations.

UKHSA through ImmForm (UKHSA ordering system) supplies products classed as 'Medicinal Products' which requires a wholesale distribution authorisation granted by the MHRA. Under the terms of our licence, we are required to undertake customer validation checks therefore we reserve the right to restrict supply of Medicinal Products to validated customers only.

[ImmForm Terms of Use](#) and [ImmForm Privacy Policy](#)

Official use only -Review and approval

Account qualification checks completed by:

Approve Reject :

Class:

Select pricelist access:

BAU Vaccine Viper Venom Gum/HIV Vaccine (GBMSM) COVID Vaccine Mpox Vaccine
Other

Pricelist assignment authorised by:

Approve Reject :